

MAINE DEPARTMENT OF PUBLIC SAFETY **STATE FIRE MARSHAL'S OFFICE** 52 STATE HOUSE STATION AUGUSTA, MAINE 04333-0052

AUGUSTA, MAINE 04333-0032			Date:	Date: INSURANCE APPROVED Date:		
(207) 626-3880 TEL (207) 287-6251 FAX			1 —			
Application Fo	or Permit For:		FEE			
1 ppication 1	7 1 0111110 1 011		Amount:	Date:	Check No.:	
☐ Traveling Amusement S	Show		\$			
Mechanical Rides*, Fixed Location Traveling Circus Indoor Circus			\$			
			\$			
			\$			
			\$		+	
			\$			
For the Calendar year ending: December 31 ,			\$			
Name of Show or Park:						
Location of Park (Street and Number):						
City/Town:		County:				
Telephone:	Fax:		Other:	Other:		
☐ Traveling Show, See Itinerary, attached.			I			
Owner:						
Mailing Address:						
City/Town:	State:		Zip Code:	Zip Code:		
Telephone:	Fax:		Cell Phone:	Cell Phone:		
			1			
Applicant (Name Typed or Printed):						
Signature:						
Date:	Telephone:		Fax:			
				_		

For Fire Marshal's Office Use:

OK TO ISSUE

DO NOT ISSUE

Permanent ID:
Permit Number:

Date Issued:

Action:

By:

FEES: Traveling Amusement Show \$ 300 (includes 5 mechanical rides*) plus

\$ 50 (each additional mechanical ride*)

Mechanical Rides, Fixed Location \$50 (each mechanical ride*)

Traveling Circus \$ 500 Indoor Circus \$ 300

ATTACH TO THIS APPLICATION:

Itinerary of where the show will perform, or hours of operation for a fixed location site. (Submit updates to this office when the itinerary changes.)

Certificate of General Liability Insurance with the special cancellation clause.

Copy of **Certification of Bleachers and Grandstands** for the biennial inspection of outdoor Grandstands performed by a Professional Engineer according to NFPA 101-2003, sec 13.7.9.2, when applicable.